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| AO 435 (Rev. 04/18) | | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS | | FOR COURT USE ONLY | |
| TRANSCRIPT ORDER | | | | DUE DATE: | |
| <i>Please Read Instructions:</i> | | | | | |
| 1. NAME Melissa R. Smith | | 2. PHONE NUMBER (903) 934-8450 | | 3. DATE 11/1/2024 | |
| 4. DELIVERY ADDRESS OR EMAIL 303 South Washington Avenue | | 5. CITY Marshall | | 6. STATE Texas | 7. ZIP CODE 75670 |
| 8. CASE NUMBER 6:24-cv-00187-ADA-DTG | 9. JUDGE Judge Derek T. Gilliland | DATES OF PROCEEDINGS | | | |
| | | 10. FROM 11/1/2024 | | 11. TO 11/1/2024 | |
| 12. CASE NAME Align Technology, Inc. v. ClearCorrect Operating, LLC et al | | LOCATION OF PROCEEDINGS | | | |
| | | 13. CITY | | 14. STATE | |
| 15. ORDER FOR | | | | | |
| <input type="checkbox"/> APPEAL | | <input type="checkbox"/> CRIMINAL | | <input type="checkbox"/> CRIMINAL JUSTICE ACT | |
| <input type="checkbox"/> NON-APPEAL | | <input checked="" type="checkbox"/> CIVIL | | <input type="checkbox"/> BANKRUPTCY | |
| | | <input type="checkbox"/> IN FORMA PAUPERIS | | <input type="checkbox"/> OTHER | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input checked="" type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> SENTENCING | | | | Discovery Hearing | |
| <input type="checkbox"/> BAIL HEARING | | | | 11/01/2024 | |
| 17. ORDER | | | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS |
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| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | 0.00 |
| 18. SIGNATURE /s/ Melissa R. Smith | | | | PROCESSED BY | |
| 19. DATE 11/1/2024 | | | | PHONE NUMBER | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | |
| | | | | | |
| ORDER RECEIVED | | DATE | BY | | |
| DEPOSIT PAID | | | | DEPOSIT PAID | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | 0.00 |
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